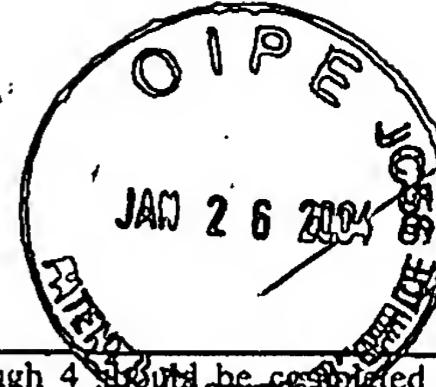


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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22827 7590 10/22/2003

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Terry Ballew	(Depositor's name)
<i>Terry Ballew</i>	(Signature)
January 22, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/007,627	11/08/2001	Joseph G. Capizzi	KCX-316 (15606)	9974

TITLE OF INVENTION: FOAM TREATMENT OF TISSUE PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HALPERN, MARK	1731	162-101000

- | | |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | <input type="checkbox"/> Dority & Manning, P.A. |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | <input type="checkbox"/> 2 _____ |
| <input type="checkbox"/> 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | <input type="checkbox"/> 3 _____ |

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kimberly-Clark Worldwide, Inc. Neenah, Wisconsin 54956

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4a. The following fee(s) are enclosed:

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Issue Fee
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(Authorized Signature) Terry Ballew (Date) January 22, 2004

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